JCAH's New Quality Assurance Standard

THE NEW quality assurance standard discussed by John Affeldt elsewhere in this issue and first announced by the Board of Commissioners of the Joint Commission on Accreditation of Hospitals (JCAH) in April 1979 is welcomed. It embodies a shift in approach to the process of accreditation of hospitals. For example, numerical requirements for medical audit are no longer prominent in the accreditation grading.

The following are major themes of the new standard: coordination of existing quality assurance activities in hospitals, broader approaches to quality assurance by including or developing alternate methods of assessing quality of care, and emphasis on institutional responsibility, directed by the Board, for quality of care in hospitals.

The proposed program to comply with the standard is, at the moment, a concept. Few details of implementation are available. It seems the coordination-integration of existing activities will require each hospital to develop a written plan through which committee activities will be interrelated in the process of identifying problem areas and assessing quality of care. Such integration will presumably require a person to be responsible for the coordinating activities. A similarity which immediately comes to mind is the current position of coordinator for the utilization review committee. However, the scope of activities suggested in the new standard includes access to confidential and sensitive data such as that generated in a credentials committee, or in a departmental morbidity-mortality committee, or from incident reports in a risk management program, or even financial data concerning the hospital. This coordinating person or committee, presumably from within the medical staff, will need access to the board of directors of the hospital, and will provide pertinent information concerning problem areas within the system. Problem elimination as a corporate responsibility is reemphasized.

The thrust of the new standard is toward concurrent review of activities of all hospital personnel, not just physicians and nurses, in the common interest of improved quality of care. More emphasis will be placed upon outcomes than on process in the identification of problem areas. Review will reach into management areas as well as to the direct patient care items.

The date of formal implementation of the standard has not yet been announced, and implementation probably will not take place for at least a year. Certain details are not clear at this time. Exactly how compliance with the conceptualized standard will be measured in the process of accreditation of hospitals remains to be clarified. Although the plan relies on evaluation of outcomes, one cannot avoid wondering whether the survey procedure itself simply will look at the process of quality assurance steps, and thus become another paper chase. Another unknown, at the moment, is the relationship of this standard with potential requirements of Professional Standards Review Organizations.

Finally, notable for its absence is any reference to the relationship of this new JCAH focus to the existing peer review of quality care, such as is done by California Medical Association physicians in the CALS (Consolidated Accreditation and Licensure Surveys) program. The long-standing belief that peers should review quality of care rendered in hospitals underlies this arrangement. Yet, not one word about this is contained in the paper by Dr. Affeldt. Such an omission seems to question the important role of peer review in any quality assessment program.

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